NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL All For Our Country Leadership PAC							
6 N (c) Cit	311 Penns Num 143	Street Address sylvania Ave SE ad ZIP Code	20003	2. FEC IDENTIFICATION NUMBER C00629212 3. TYPE OF COMMITTEE (check one) STATE PARTY TOTHER			
I certif	y that c	one of the following situation	ns is correct (co	mplete line 4 or 5):			
0	STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with:						
C	Committee Name:						
F	FEC Identification Number:						
5. S	5. STATUS BY QUALIFICATION:						
(a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):							
		Name		Office Sought	State/Dis	strict	Date
	(i)	Casey, Robert, P, , Jr		Senate	PA	00	03/28/2017
	(ii)	Kihuen, Ruben, , ,		House	NV	04	03/28/2017
	(iii)	McCaskill, Claire, , ,		Senate	МО	00	03/28/2017
	(iv)	Rosen, Jacky, , ,		House	NV	03	03/28/2017
	(v)	Tester, Jon, , ,		Senate	МТ	00	03/28/2017
 (b) Contributors: The committee received a contribution from its 51st contributor on:03/27/2017 (c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:11/28/2016 (d) Qualification: The committee met the above requirements on:05/28/2017 							
I certify	that I hav	e examined this Statement and to the	best of my knowledge	e and belief it is true, correc	t and complete.		
TYPE OR PRINT NAME OF TREASURER Mele, Steven, , ,			SIGNATURE OF TREASURER Mele, Steven, , ,		ectronically Filed] DATE 06/09/2017)/2017
NOTE: S	Submissio	on of false, erroneous, or incomplete in ANY CHANGE IN INF		t the person signing this Sta D BE REPORTED WITHIN		nalties of	2 U.S.C. §437g.